Case 08-35328 Doc 1 Filed 12/29/08 Entered 12/29/08 11:08:27 Desc Main Document Page 1 of 7

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Case 08-35328 Doc 1 Filed 12/29/08 Entered 12/29/08 11:08:27 Desc Main Document Page 2 of 7

Voluntary (This page	must be completed and filed in every case.)	Name of Debtor(s):	Page
Location	All Prior Bankruptcy Cases Filed Within Last 8	Years (If more than two, attach addition	onal sheet)
Where Filed		Case Number:	Date Filed:
Location Where Filed	4·	Case Number:	Day File
		F	Date Filed:
Name of De	Pending Bankruptcy Case Filed by any Spouse, Partner, or Affi	Case Number:	
District:	JV 2 1V	1	Date Filed:
		Relationship:	Judge:
of the Securi	Exhibit A pleted if debtor is required to file periodic reports (e.g., forms 10K and the Securities and Exchange Commission pursuant to Section 13 or 15(d) titles Exchange Act of 1934 and is requesting relief under chapter 11.) f it A is attached and made a part of this petition. Exhibit of the common or have possession of any property that poses or is alleged to pose and Exhibit C is attached and made a part of this petition.	(To be completed whose debts are p I, the attorney for the petitioner nat have informed the petitioner that [h 12, or 13 of title 11, United Stavailable under each such chapter, debtor the notice required by 11 U.S X Signature of Attorney for Debtor	r(s) (Date)
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Case 08-35328 Doc 1 Filed 12/29/08 Entered 12/29/08 11:08:27 Desc Main Document Page 3 of 7

B I (Official Form) I (1.08)	
Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case)	
Signature(s) of Debtor(s) (Individual/Joint)	ignatures
 	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is trand correct. [If petitioner is an individual whose debts are primarily consumer debts and he chosen to file under chapter 7.] I am aware that I may proceed under chapter 7, 11. To 13 of title 11. United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code specified in this petition. X Signature of Debtor Telephone Number (if not represented by attorney)	I declare under penalty of perjury that the information provided in this petition is to and correct, that I am the foreign representative of a debtor in a foreign proceeding and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
Date Number (if not represented by attorney) 7	Date
Signature of Attorney*	
X Signature of Attorney for Debtor(s)	Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) 1 am a bankruptcy petition preparer as defined in 11 U.S.C. 8 110 (2) 1 prepared by the second of
Printed Name of Attorney for Debtor(s) Firm Name Address	defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers. I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
Telephone Number	Printed Name and title, if any, of Bankruptcy Petition Preparer
Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Debtor (Corporation/Partnership)	Address
declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	X
he debtor requests the relief in accordance with the chapter of title 11, United States ode, specified in this petition.	Date Signature of hankruntey position
Signature of Authorized Individual	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.
The state of the s	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.
Date	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both, 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12.08)

UNITED STATES BANKRUPTCY COURT

In re SILVIAE. HARROQUIA	V Casa Na
Debtor	Case No. (if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

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Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

(1) as impaired by reason of ment	Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental
illiess of mental deficiency so as to be incapable of realizing and multi-	ncy so as to be incapable of realizing and making rational
decisions with respect to financial responsibilities.);	financial responsibilities):

- ☐ Disability. (Defined in 11 Û.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 - Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Silvia Many war

Case 08-35328 Doc 1 Filed 12/29/08 Entered 12/29/08 11:08:27 Desc Main Document Page 6 of 7

B6D (Official Form 6D) (12/07)	
In re <u>Silvia</u> Marrogvin Debtor	Case No(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name, See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

					•		ms schedule D.	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIN WITHOUT DEDUCTING VALUE OF COLLATERAL	PORTION II
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continuation sheets attached			MILES Subtotal ► Total of this page)			- 5	3	\$
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						s S	Report also on Summary of chedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Case 08-35328 Doc 1 Filed 12/29/08 Entered 12/29/08 11:08:27 Desc Main Page 7 of 7 Document

B6F (Official Form 6F) (12/07) - Cont.

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In re	SILVIA	L	Marrol	1.60
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		Del	otor	

Case No.	
	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME, DATE CLAIM WAS CODEBTOR CONTINGENT UNLIQUIDATED AMOUNT OF MAILING ADDRESS INCURRED AND DISPUTED INCLUDING ZIP CODE. CLAIM CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. People GAS Chicogo. IL. 8,000.00 ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. Sheet no.__of__ continuation sheets attached to Schedule of Creditors Holding Unsecured Subtotal➤

Nonpriority Claims

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)